ANNUAL REPORT
1982 — 1983

Hospital Services Commission
of Prince Edward Island

Hospital Services Commission of Prince Edward Island

Jones Building
11 Kent Street
Charlottetown
Prince Edward Island
C1A 7P4

ANNUAL REPORT
For the Year Ending
March 31, 1983

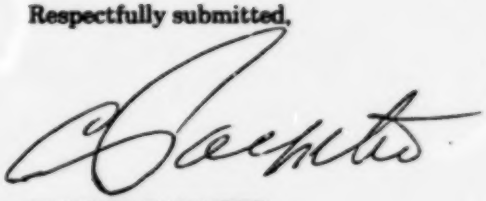
April 1, 1983

Honourable Albert A. Fogarty
Minister of Health & Social Services
Province of Prince Edward Island
P.O. Box 2000
Charlottetown, P.E.I.
C1A 7N8

Honourable Minister:

In accordance with Section 9(a) of the Hospital and Diagnostic Services Insurance Act, I have the honour to present the Report of the Hospital Services Commission of Prince Edward Island for the period April 1, 1982 to March 31, 1983.

Respectfully submitted,



CLAUDE PAYNTER
Chairman
HOSPITAL SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

MEMBERS

Hospital Services Commission

and

Executive Director

Members	Effective Date of Appointment
Mr. Claude Paynter, Chairman Sherwood	July 3, 1980
Mr. Keith Harrington Spring Valley	July 3, 1980
Mr. Donald Munroe Montague	July 3, 1980
Dr. Athol Roberts Charlottetown	October 22, 1981
Mrs. Sheila Trainor Charlottetown	November 24, 1977

Executive Director

Mr. J. Brendon McGinn

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THE HOSPITAL SERVICES COMMISSION

Introduction:

The Hospital Services Commission of Prince Edward Island administers a plan of health care for the people of Prince Edward Island according to the provisions of the Hospital and Diagnostic Services Insurance Act and other relevant legislation. The Plan provides for a system of hospital care insurance for the people of Prince Edward Island universally available to all without regard to age, financial circumstances or condition of health. The Commission consists of not less than three and not more than five persons, of whom one shall be appointed from a slate of not less than three names proposed by the Hospital Association of Prince Edward Island and one shall be appointed from a slate of not less than three names proposed by the Medical Society of Prince Edward Island.

Functions:

It is the function of the Hospital Services Commission:

1) to ensure the development and maintenance throughout Prince Edward Island of a balanced and integrated system of hospitals, related health care facilities, and the school of nursing;
2) to approve or disapprove the establishment of new hospitals, additions to existing hospitals, and the establishment of or additions to related health facilities;
3) to approve or disapprove all grants to hospitals for construction and maintenance;
4) to establish and operate, alone or in cooperation with one or more organizations, institutes, and centres for the training of hospital and related personnel;
5) to conduct surveys and research programs and to obtain statistics for its purposes;
6) to approve or disapprove hospitals and other facilities for the purpose of this Act in accordance with the Regulations;
7) to approve or disapprove incorporation, by-laws, operation, and alteration of all public hospitals;
8) to administer the hospital employees classification plan which covers all employees in the hospitals.

Areas of Responsibility:

1) Hospital Care Plan (administration and funding);
2) Approved Public Hospitals (funding & regulations);
3) Licensed Private Nursing Homes (regulations);
4) Ambulances (regulations & subsidized funding);
5) School of Nursing (funding);
6) Labour Relations (contract negotiations for hospital unionized employees through the Health Negotiating Agency);
7) Hospital Employees Classification Plan (administration).

HIGHLIGHTS OF 1982-83 REPORT

Summary of Hospital Activities

Opening of Queen Elizabeth Hospital — April, 1982

Sod Turning for Stewart Memorial Health Centre Expansion (10 medical/nursing beds) — October 1, 1982

Accreditation of King's County Memorial Hospital — July, 1982

Planning for new Souris Hospital (approval in principle given) — November, 1982

HOSPITAL UTILIZATION

Introduction:

There are many factors which contribute to the use of hospitals, but none is as important as the physician.

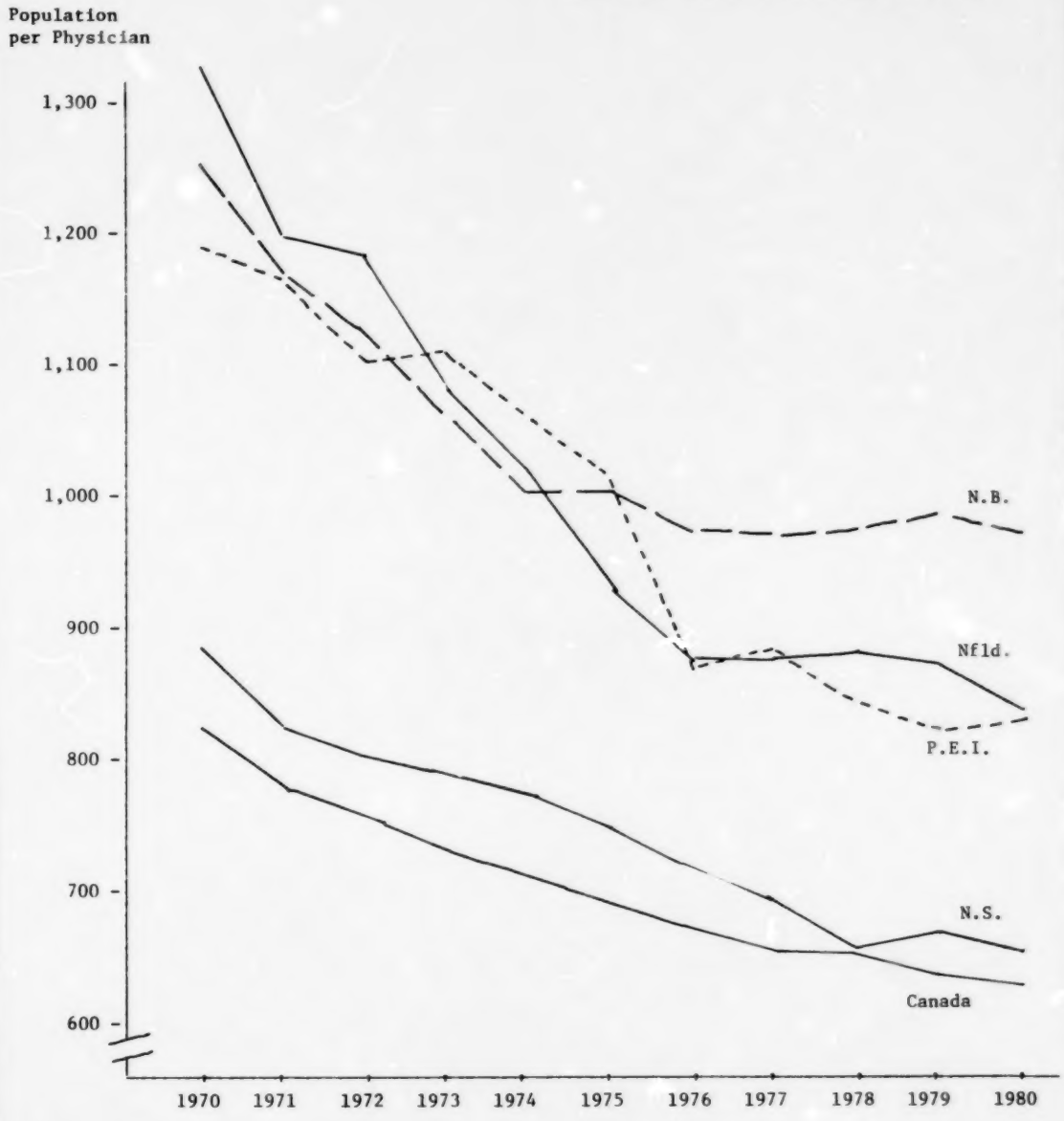
Physicians determine who will be admitted into a hospital, how long patients will stay in hospitals, what services will be used by each patient, which resources will be provided, when the patient should be transferred to another hospital and which patients are to be sent out-of-province for specialist care.

The impact that doctors have is best illustrated by the situation at Souris Hospital where studies done as long ago as 1958 showed very low occupancy rates. Today, however, with three young physicians in the area, the occupancy rate in Souris averaged 80 percent in 1982-83.

The following graphs and tables represent the most up to date information that could be obtained on a comparable provincial basis from Statistics Canada publications.

TABLE I

Population per Active Civilian Physician
Canada and Atlantic Provinces 1970-1980



Source: 1981 Canada Health Manpower Inventory (Health and Welfare Canada)

TABLE II

Provincial Comparison

OCCUPANCY RATES 1981-82

(Public Hospitals - General Non-Teaching, No Long-Term Units)

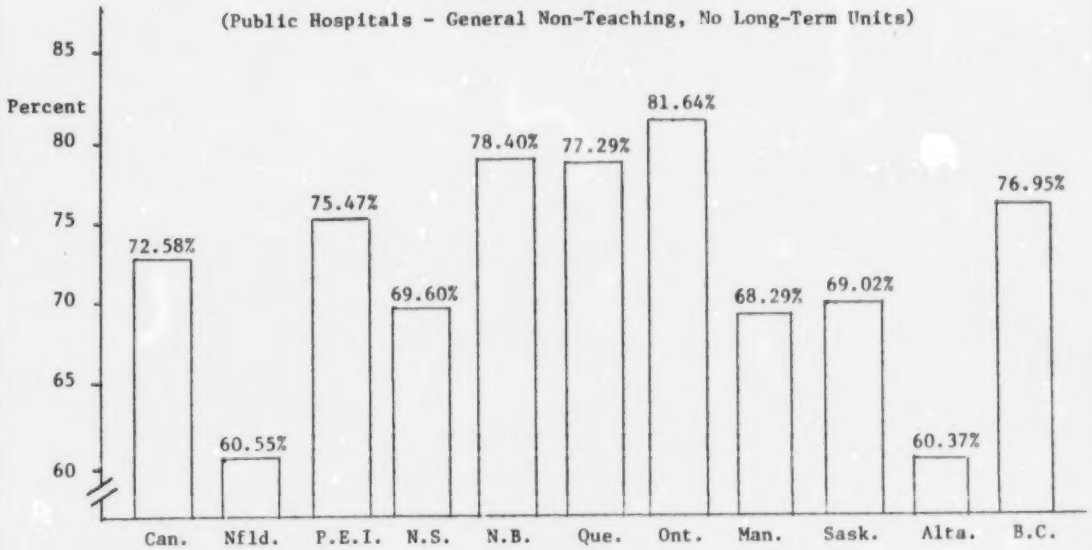
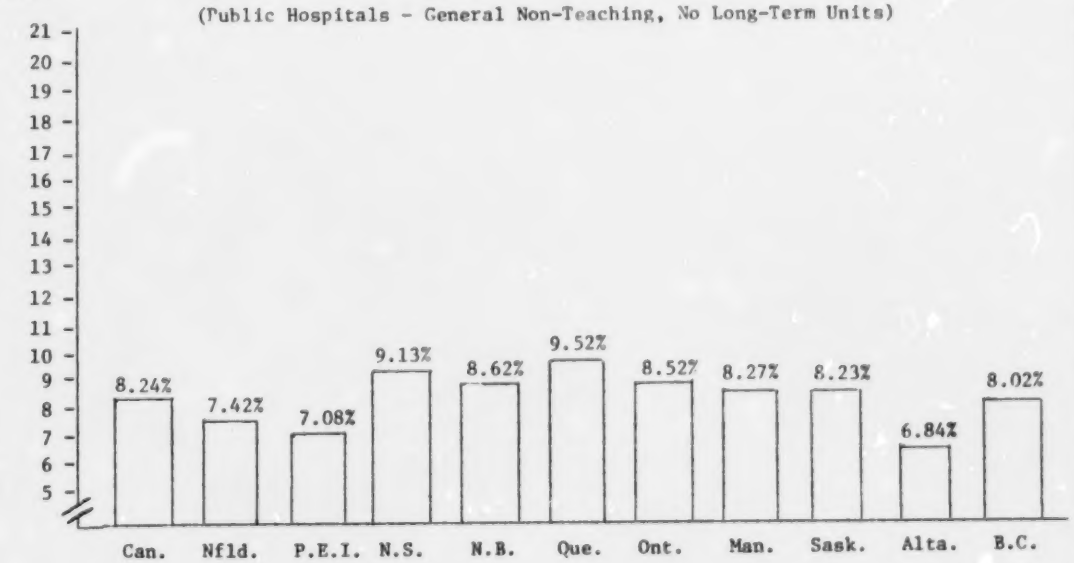


TABLE III

Provincial Comparison

AVERAGE LENGTH OF STAY 1981-82

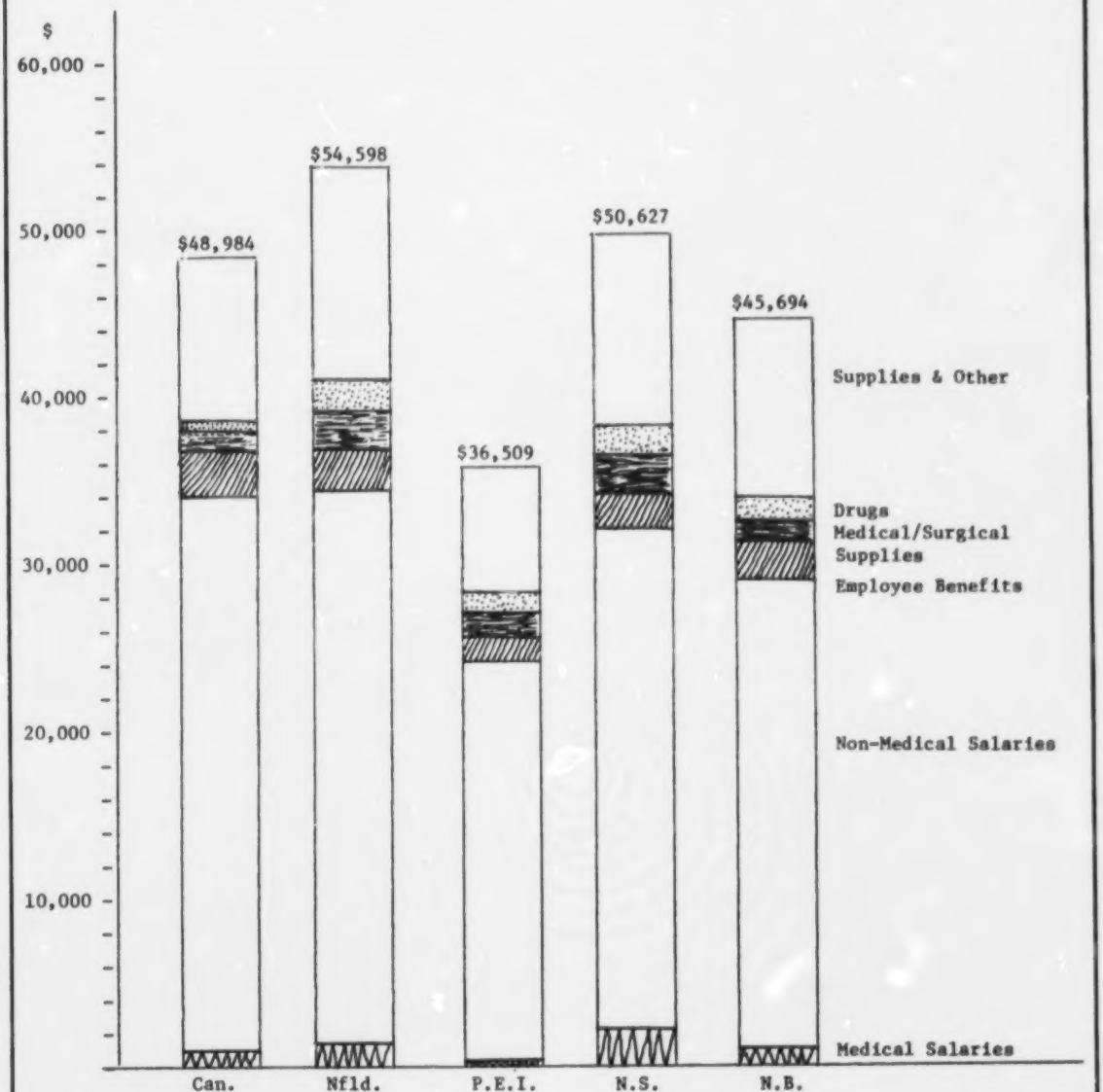
(Public Hospitals - General Non-Teaching, No Long-Term Units)



Source: Hospital Statistics Preliminary Annual Report 1981-82 - Stats. Canada

TABLE IV

DISTRIBUTION OF OPERATING EXPENSES PER BED
CANADA AND ATLANTIC PROVINCES 1979-80



(Source: Statistics Canada)

OUT-OF-PROVINCE HOSPITALIZATION

The number of days which Islanders have spent in hospitals outside the Province has been increasing for several reasons including:

- advances in technology and medical treatment which are not available on Prince Edward Island;
- an increased number of specialists on the Island who can diagnose diseases earlier and refer patients out-of-province for further diagnosis and treatment;
- more people travelling out of the province resulting in increased emergency admissions.

However, for the 1982-83 report year, a slight decrease was realized due possibly to the impact of the Queen Elizabeth Hospital on out-of-province referrals.

The Hospital Services Commission is currently examining patterns of use of outside hospitals by type of disease and whether some conditions, such as cancer, are referred out of province more often than other conditions and diseases.

Morbidity and Mortality on Prince Edward Island
1976 — 1981

In 1976, the major causes of hospital utilization in terms of patient days were characterized in descending order of imporatnce as follows:

1. Heart
2. Accidents
3. Cerebrovascular
4. Respiratory
5. Mental disorders
6. Delivery (with/without complications)
7. Nervous system
8. Musculoskeletal system
9. Arteriosclerotic diseases
10. Symptoms, senility, ill defined conditions
11. Other diseases of breast and female genitalia
12. Kidney and urinary infections
13. Infectious diseases
14. Diabetes

(Source: Health Field Indicators, Statistics Canada, 1979)

Given that this is the most recent comparable data can be obtained, it is assumed that the order of the major causes of hospital utilization has not changed from 1976 to 1983, and that the Prince Edward Island experience is similar.

Perinatal Rates
1976 & 1981

	1976	1981
Canada	15.4	10.7
Newfoundland	16.7	10.1
Prince Edward Island	18.9	13.1
Nova Scotia	14.2	13.2
New Brunswick	16.4	12.4
Quebec	15.6	10.2
Ontario	15.2	10.3
Manitoba	17.6	11.8
Saksatchewan	14.5	11.3
Alberta	13.8	10.5
British Columbia	15.3	11.6

(Source: 1981 Vital Statistics, Statistics Canada)

In 1976, Prince Edward Island had the highest rate of perinatal mortality in Canada, i.e., deaths between 28 weeks of gestation and the first week of life. The major cause of death was congential anomalies. After the first week of life, congenital anomalies remained the major cause of death, followed by respiratory and infectious diseases.

In 1981, Prince Edward Island's perinatal mortality rate is comparable with the other Atlantic Provinces, but still above the national average. However, post-neonatal deaths in Prince Edward Island have increased over this five year period while the other Atlantic Provinces' rates were decreasing. The infant death rate for less than one year of age for males and females has more than doubled over the period and is above the national average, i.e., males 17.2:10.8 and females 9.3:8.4. When this is viewed in respect to Prince Edward Island's fertility rate, one sees that the fertility rate is generally dropping except for women between 30-39 years of age, where it has increased significantly. This suggests that the care being provided after birth to one year should be enhanced and high risk women (between the ages 30-39) giving birth should be identified and followed more closely.

Between the ages 1-14, mortality is primarily due to motor vehicle and other accidents. Prince Edward Island, over the five year period, has improved significantly in this area and is the lowest province in the Atlantic area.

Between the ages 25-44, accidents, suicide, and ischaemic heart diseases are the major causes of death in males, while for females accidents, suicide and breast cancer are the leading causes of mortality. Again, Prince Edward Island over the period, has accomplished a lowering of the death rate and is the lowest in the Atlantic Provinces for both sexes.

Between the ages 45-64, ischaemic heart disease and cancers are the prominent causes of death. In 1976, Prince Edward Island had the highest rate for females for the Atlantic Provinces. In 1981, Prince Edward Island was the second lowest to Newfoundland and just slightly above the national average.

Over the age of 65, ischaemic heart disease and cerebrovascular diseases are the leading causes of death, followed by respiratory diseases and certain cancers of the digestive and respiratory systems. In 1976, Prince Edward Island had the highest rate for males in this age group. In 1981, Prince Edward Island was below the national rate and was the lowest for both males and females in the Atlantic Provinces.

Provincial Comparison of Mortality Rates and Ranking - 1981

TABLE I

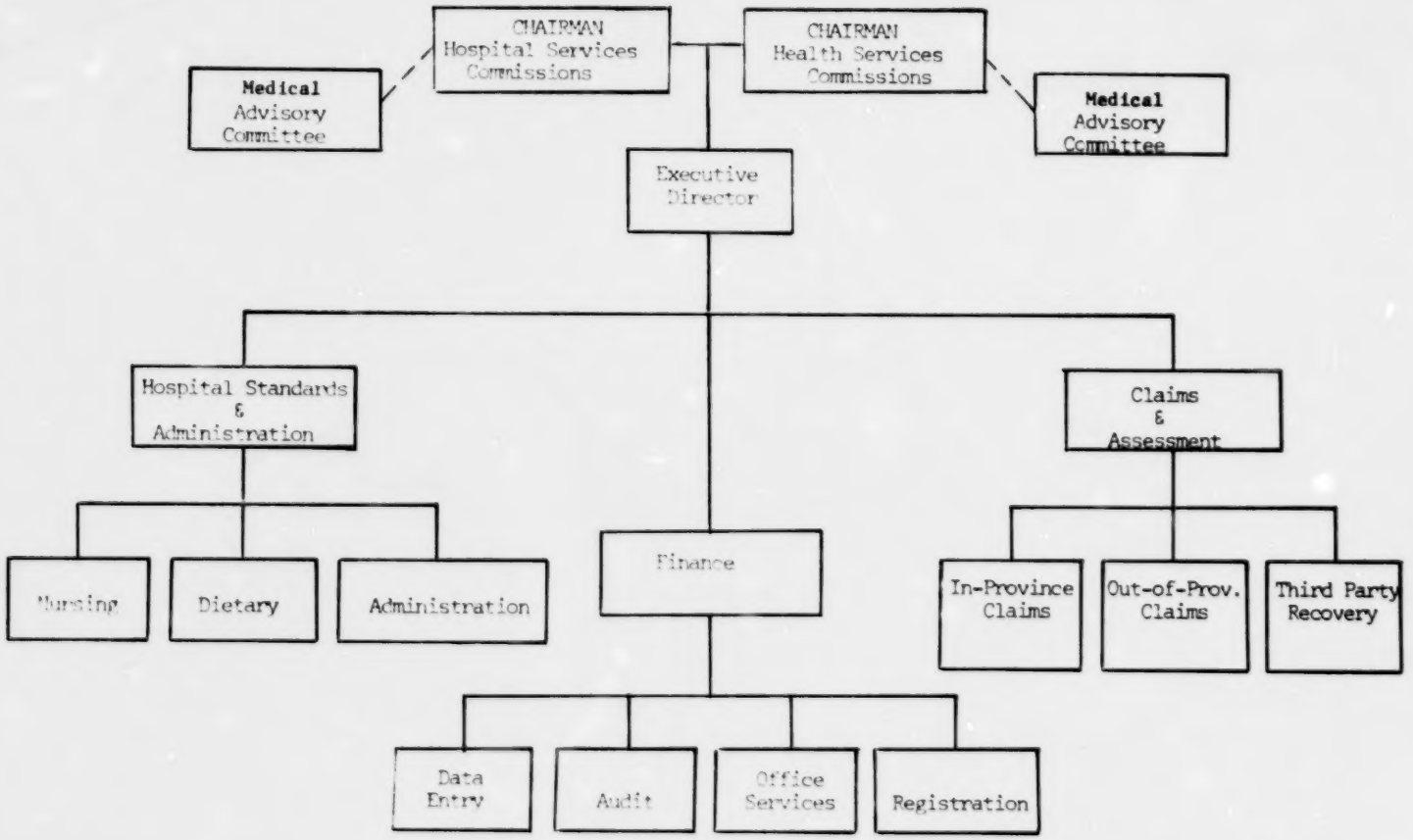
Ranking	PROVINCE	Average Rank	Perinatal	Infant	Maternal	Men (35-44)	Men (45-54)	Women (35-44)	Women (45-54)
1	Newfoundland	4.7	10.1	9.7	1	2.4	5.9	1.5	2.5
2	Saskatchewan	5.1	11.3	11.8	0	2.6	5.6	1.2	3.5
2	Alberta	5.1	10.5	10.6	2	2.4	5.6	1.5	3.2
3	Manitoba	5.2	11.8	11.9	0	2.0	6.2	1.5	3.2
3	Quebec	5.2	10.2	8.5	4	2.6	6.7	1.3	3.4
4	Prince Edward Island	5.3	13.1	13.2	0	2.0	4.7	0.7	3.4
5	British Columbia	5.4	11.6	10.2	3	2.5	5.7	1.4	3.5
6	New Brunswick	5.6	12.4	10.9	2	2.9	6.8	0.9	3.6
7	Nova Scotia	5.7	13.2	11.5	1	2.6	7.0	1.2	3.5
8	Ontario	6.0	10.3	8.8	10	2.0	6.0	1.3	3.4
9	Yukon	8.1	11.2	14.9	0	6.5	16.1	3.5	4.2
10	Northwest Territories	9.0	16.1	21.5	0	4.8	9.7	2.4	8.3

SOURCE: 1981 Mortality figures published by Statistics Canada

"NOTE" - Ranking of 1981 mortality rates; overall position is based on equal rating for all factors.

HOSPITAL AND HEALTH SERVICES COMMISSIONS

ORGANIZATIONAL CHART



ADMINISTRATION OF THE PLANS

The administration of the Hospital Services Plan and the Health Services Plan is combined, though policy is determined separately by the two Commissions within the terms of reference of their Acts.

Day-to-day administration of the Plans is carried out through a Division of Claims and Assessment, a Division of Standards and Administration, and a Division of Finance, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by its Medical Advisor who may seek advice from its Medical Advisory Committee of five physicians nominated by the Medical Society of Prince Edward Island and appointed by the Commission.

The Medical Advisory Committees meet on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

BENEFITS OF THE PLAN

General:

The Hospital Services Plan and the Health Services Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

Hospital Services Plan:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- drugs
- biologicals and related preparations
- use of operating room, case room, anaesthetic facilities
- routine surgical supplies
- use of radiotherapy, physiotherapy and occupational and speech therapy

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g., drugs and dressings.

DESCRIPTION OF DIVISIONS

Hospital Standards and Administration Division
R. Thelma Cameron, Director

This Division has the responsibility of ensuring through the development and maintenance of reasonable standards, insofar as possible, the effective utilization of services provided by the general hospitals, the licensed ambulance operators, the licensed nursing home operators, the School of Nursing, and the Central School of Nursing Assistants.

The Division has the following duties:

- to review and analyze the utilization trends
- to conduct such studies as it deems necessary to determine the standards are being maintained

This is accomplished through the use of nursing, hospital administration, and dietary consultants.

Claims and Assessment Division
John R. Hobbs, Director

The Division of Claims and Assessment is responsible for processing both physician and hospital claims through a system of clerks and assessment rules to ensure that claims submitted are for insured services and are medically necessary.

There are three sections in this Division: In-Province Claims, Out-of-Province Claims, and Third Party Recovery. Their responsibilities include:

- processing all claims for services rendered in the province
- integrating information from both hospital and physician claims on individual patient history cards
- random audit program to determine from patients whether a service was rendered as claimed by a physicain
- processing all claims incurred by residents of Prince Edward Island outside the province
- investigating cases where a third party was the cause of the illness or injury of the patient, and recovering monies where possible
- field investigations regarding eligibility status of Prince Edward Island residents.

Finance Division
David R. MacCormac, Director

The primary function of the Finance Division is to provide management with financial information for use in making policy and operating decisions. Secondarily, it acts as a service centre for hospitals and divisional directors on areas where financial advise is requested or required.

Responsibilities of the various sections within the Division of Finance include:

- financial management, planning, and control
- financial accounting for the Commission
- data entry for thirty-two computer programs
- batching and processing claims for data control
- general office services including switchboard
- maintenance of the resident registration files
- cash and budget control
- development of internal financial, manual, and computerized systems
- internal audit functions.

AUDITORS' REPORT

To the Commissioners of the Hospital Services Commission
of Prince Edward Island

We have examined the balance sheet of the Hospital Services Commission of Prince Edward Island as at March 31, 1983 and the statement of revenue and expenditure for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion these financial statements present fairly the financial position of the Commission as at March 31, 1983 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted governmental accounting principles applied on a basis consistent with that of the preceding year.

Doane Raymond

Doane Raymond
Chartered Accountants

Charlottetown
Prince Edward Island
July 15, 1983

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET

MARCH 31, 1983

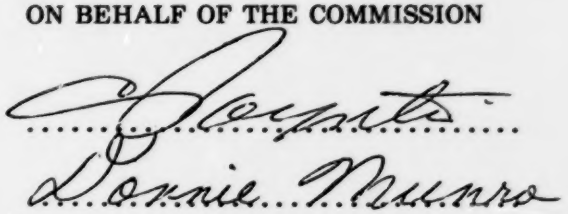
ASSETS

	1983	1982
Current		
Cash	$ 464,505	$ 80,026
Term deposit	65,404	57,380
Receivables		
Provincial Government — hospital program (Note 2)	1,764,761	1,480,737
Other	302,874	24,590
	2,597,544	1,642,733
Office equipment, at nominal value	1	1
	$2,597,545	$1,642,734

LIABILITIES

Current		
Payables and accruals (Note 3)	$2,454,677	$1,518,531
Payable — Health Services Commission	42,738	24,073
	2,497,415	1,542,604
Provincial Government, working capital fund	100,130	100,130
	$2,597,545	$1,642,734

ON BEHALF OF THE COMMISSION



HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

STATEMENT OF REVENUE AND EXPENDITURE

YEAR ENDED MARCH 31, 1983

	1983	1982
Revenue		
Provincial Government appropriations	$53,934,699	$40,237,300
Third party recoveries	108,026	114,983
Manpower training assistance — LNA School	66,148	55,728
Investment income	8,024	8,443
	54,116,897	40,416,454
Expenditure		
In-province hospitals	44,484,089	33,814,115
Preferred accommodation	156,820	143,084
Out-of-province hospital care (Note 3)	7,283,687	6,145,481
Ambulance service	581,887	496,177
Canadian Red Cross Society, blood transfusion service	744,817	643,898
	53,251,300	41,242,755
Administrative	739,331	654,983
	53,990,631	41,897,738
Excess of revenue over expenditure (expenditure over revenue)	$ 126,266	$ (1,481,284)

HOSPITAL SERVICES COMMISSION OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 1983

1. Accounting policies

   (A) Administrative expenditures

   Administrative expenditures common to the Health and Hospital Services Commission of Prince Edward Island are allocated to the Health and the Hospital Services Commission 53% and 47% respectively.

   (B) Capital expenditures

   Since 1970 capital expenditures are charged to operations in the year of acquisition.

2. Receivable, Provincial Government — hospital program

	1983	1982
Balance of appropriation approved	$1,891,027	$ (547)
Excess of revenue over expenditure	126,266	
expenditure over revenue		1,481,284
	$1,764,761	$1,480,737

The balance of appropriation from the Provincial Government is reduced by the excess of revenue over expenditure (increased by the excess of expenditure over revenue). The receipt of the net amount is subject to final approval of the financial statements by the Provincial Government.

3. Payables and accruals

	1983	1982
Local hospitals and approved facilities for laboratory costs, deficits and major equipment purchases	$ 368,261	$ 220,526
Local hospitals for preferred accommodation	26,113	48,137
Local hospitals for services to non-resident patients	50,542	11,654
Canadian Red Cross	21,144	4,120
Ambulance operators	53,054	39,258
Out-of-province hospital care, net	1,922,837	1,167,359
Other	12,726	27,477
	$2,454,677	$1,518,531

The payable for out-of-province hospital care includes an accrual of $500,000 for estimated billings not yet received for services of out-of-provine hospitals to March 31, 1983.

The expenditure for out-of-province hospital care also includes, additional to such accrual, an amount of $408,505 which is the excess of billings received in the current year over the prior year accrual for unbilled services of out-of-province hospitals to March 31, 1982.

PUBLIC GENERAL HOSPITALS IN PRINCE EDWWARD ISLAND

PER DIEM RATES

EFFECTIVE APRIL 1, 1982 — MARCH 31, 1983

Queen Elizabeth Hospital	$240.00
Prince County Hospital	$190.00
King's Country Memorial Hospital	$170.00
Stewart Memorial Health Centre	$150.00
Community Hospital	$145.00
Souris Hospital	$130.00
Western Hospital	$130.00
Newborn	$ 35.00
Day Care Surgery	$ 76.00
Psychiatric Day Care with Electro Convulsive Therapy	$ 45.00
Psychiatric Day Care without Electro Convulsive Therapy	$ 35.00

PUBLIC GENERAL HOSPITALS IN PRINCE EDWARD ISLAND

COMPARISON OF GENERAL EXPENSES

	1982-83 ACTUAL	1981-82 ACTUAL	1982-83 % INCREASE OVER 1981-82
Salaries	$27,386,004	$19,583,255	39.8
Drugs, Medical & Surgical Supplies	2,679,114	2,292,232	16.9
Employee Benefits	2,209,304	1,495,593	47.7
Other Supplies & Expenses:			
Diagnostic & Treatment Services	2,154,903	2,198,367	2.0 (−)
Administration	918,051	557,844	64.6
Operating	5,314,725	3,554,944	49.5
Equipment	102,456	159,991	56.0 (−)
Sub-Total	$40,764,557	$29,842,226	36.6
Offset Income	2,787,922	2,027,950	37.5
Net Expenditure	$37,976,635	$27,814,276	36.5

NOTE: The 1982-83 increase over 1981-82 is mainly attributable to the transfer of government services into the Queen Elizabeth Hospital.

STATISTICAL TABLES AND SECTION OF GRAPHS

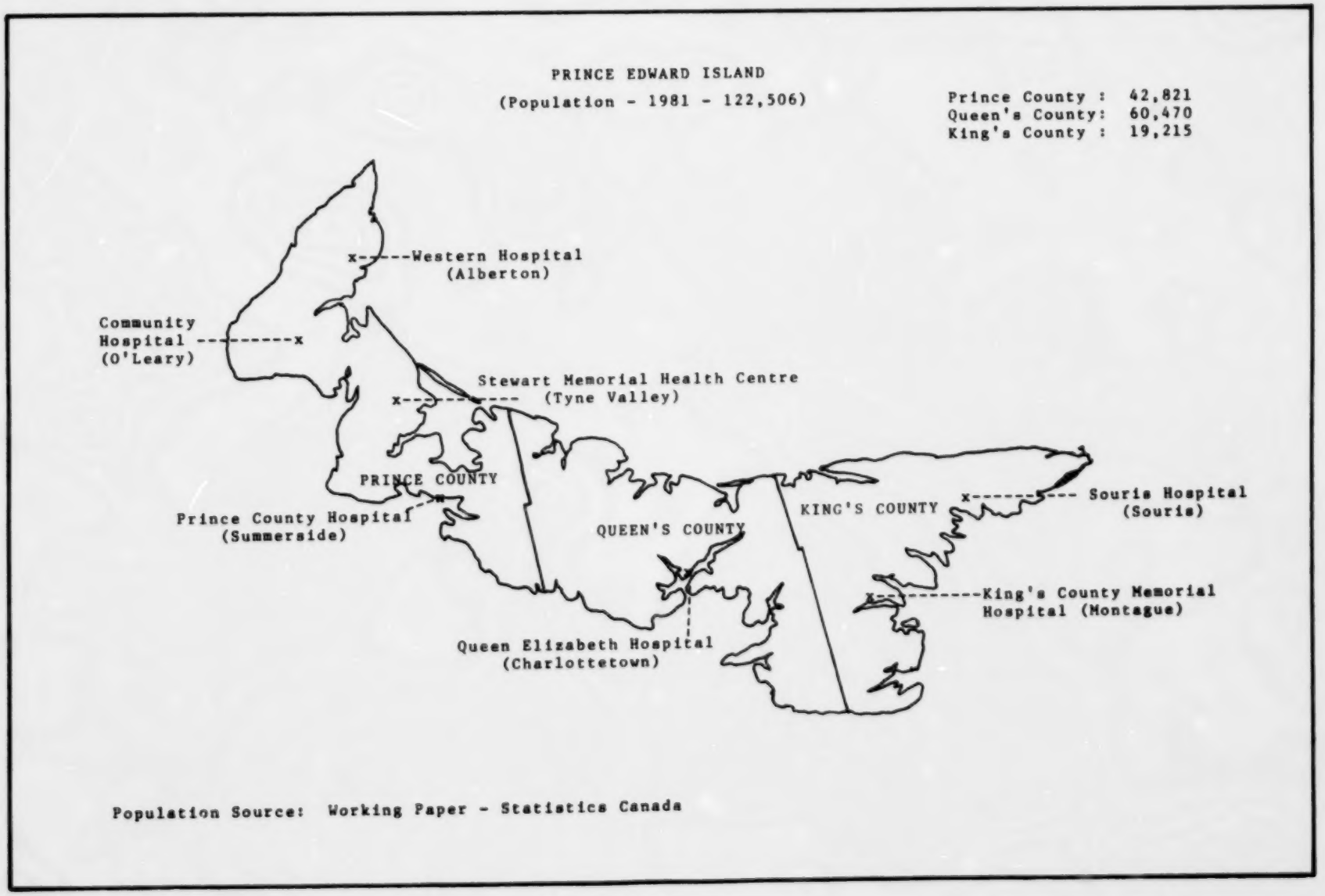
Introduction:

There are seven acute care hospitals on Prince Edward Island. They are, with their respective bed capacities:

Western Hospital, Alberton	50
Community Hospital, O'Leary	33
Stewart Memorial Health Centre, Tyne Valley	13
Prince County Hospital, Summerside	162
Queen Elizabeth Hospital, Charlottetown	351
King's County Memorial Hospital, Montague	50
Souris Hospital, Souris	21
	680

The following pages present 1982-83 statistical* and background information for each hospital and concludes with a four (4) year summary of total hospital utilization data for the province.

*Source: 1982-83 Annual Return of Health Care Facilities, Hospitals — Part I



Population Source: Working Paper - Statistics Canada

Western Hospital

Alberton

OWNERSHIP:	Religious Organization
RATED BED CAPACITY:	50 beds
BED TYPE — Medical	40 beds
Pediatric	10 beds
OCCUPANCY RATE:	66.2 percent
ADMISSIONS:	1,618
AVERAGE LENGTH OF STAY:	7.5 days
BIRTHS:	0
PATIENT DAYS:	12,081
CHAIRMAN OF THE BOARD:	Ronald D. MacKinnon
ADMINISTRATOR:	Sister Mary Ethel Doyle

Community Hospital

O'Leary

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	33 beds
BEDS TYPE — Medical & Surgical	24 beds
Obstetrical	3 beds
Pediatric	5 beds
Isolation	1 bed
OCCUPANCY RATE:	91 percent
ADMISSIONS:	1,268
AVERAGE LENGTH OF STAY:	8.6 days
BIRTHS:	74
PATIENT DAYS:	10,917
CHAIRMAN OF THE BOARD:	Bernard Shea
ADMINISTRATOR:	Lester A. Brennan

Stewart Memorial Health Centre

Tyne Valley

OWNERSHIP:	**Lay Corporation**
RATED BED CAPACITY:	**13 beds**
BEDS TYPE — Medical & Surgical	**10 beds**
Pediatric	**3 beds**
OCCUPANCY RATE:	**79.7 percent**
ADMISSIONS:	**693**
AVERAGE LENGTH OF STAY:	**5.4 days**
BIRTHS:	**0**
PATIENT DAYS:	**3,782**
CHAIRMAN OF THE BOARD:	**Elmer Hutchinson**
ADMINISTRATOR:	**Robert Millar, Jr.**

Prince County Hospital

Summerside

OWNERSHIP:	**Lay Corporation**
RATED BED CAPACITY:	**162 beds**
BEDS TYPE — Medical	**56 beds**
Surgical	**37 beds**
Intensive Care	**5 beds**
Obstetrical	**23 beds**
Pediatric	**25 beds**
Psychiatric	**16 beds**
OCCUPANCY RATE:	**77.6 percent**
ADMISSIONS:	**7,112**
AVERAGE LENGTH OF STAY:	**6.4 days**
BIRTHS:	**617**
PATIENT DAYS:	**45,888**
CHAIRMAN OF THE BOARD:	**Harry T. Holman**
ADMINISTRATOR:	**John R. Mungall**

Queen Elizabeth Hospital

Charlottetown

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		351 beds
BEDS TYPE —	Medical/Surgical	211 beds
	Intensive Care	12 beds
	Obstetrical	30 beds
	Pediatric	48 beds
	Psychiatric	30 beds
	Rehabilitation	20 beds
OCCUPANCY RATE:		76.7 percent
ADMISSIONS:		11,064
AVERAGE LENGTH OF STAY:		9 days
BIRTHS:		1,071
PATIENT DAYS:		98,309
CHAIRMAN OF THE BOARD:		Frank MacDonald
EXECUTIVE DIRECTOR:		Kenneth W. Ezeard

King's County Memorial Hospital

Montague

OWNERSHIP:		Lay Corporation
RATED BED CAPACITY:		50 beds
BEDS TYPE —	Medical	34 beds
	Obstetrical	6 beds
	Pediatric	10 beds
OCCUPANCY RATE:		72.6 percent
ADMISSIONS:		1,970
AVERAGE LENGTH OF STAY:		6.7 days
BIRTHS:		111
PATIENT DAYS:		13,246
CHAIRMAN OF THE BOARD:		Mrs. Anne White
ADMINISTRATOR:		Horst R. Quecke

Souris Hospital

Souris

OWNERSHIP:	Lay Corporation
RATED BED CAPACITY:	21 beds
BEDS TYPE — Medical	16 beds
Obstetrical	2 beds
Pediatric	3 beds
OCCUPANCY RATE:	80.6 percent
ADMISSIONS:	922
AVERAGE LENGTH OF STAY:	6.7 days
BIRTHS:	29
PATIENT DAYS:	6,182
CHAIRMAN OF THE BOARD:	Weston Rose
ADMINISTRATOR:	Peter Ramsay

COMPARISONS OF HOSPITAL USAGE

HOSPITALS OF PRINCE EDWARD ISLAND

April 1, 1979 to March 31, 1983

Inclusive

	April 1, 1979 to March 31, 1980	April 1, 1980 to March 31, 1981	April 1, 1981 to March 31, 1982	April 1, 1982 to March 31, 1983
Number of beds set up	678	678	682	680
Number of Bassinets set up	105	105	99	79
Total Patients Admitted (Adults, Children, Newborn)	28,049	27,621	27,516	26,562
Total Births in Hospitals	1,949	1,925	1,874	1,902
Adults & Children Patient Days	185,724	187,274	187,990	190,405
Newborn Patient Days	10,770	10,191	10,273	10,385
X-Ray Examinations	93,843	95,987	96,689	94,489
Laboratory Units of Work (Hospital)	1,123,443	1,150,164	1,257,763	2,644,329
Laboratory Units of Work (Prov. & other Labs.)	1,687,680	1,796,617	1,862,328	882,000
Operations in O.R.	14,476	16,180	23,117	15,637
Emergency Visits	90,239	97,566	82,813	87,681
Physiotherapy Attendances	49,565	48,627	40,817	44,649
Electrocardiograph Exams	19,804	21,613	21,965	21,988
Meal Days	375,698	325,346	288,613	343,128
Nursing Staff (Includes School of Nursing & L.N.A. Program Staff)	662.5	662.5	664*	659.5*
Other Staff	595	625	596*	793.8*
Total Staff	1,257.5	1,287.5	1,240*	1,453.3*

*Staffing reported in full time equivalents

POOR

QUALITY

ORIGINAL